



APPLICATION - INSTRUCTOR

STATE FORM 26861 (R/09-03)



DO NOT FAX PLEASE TYPE OR PRINT CLEARLY DO NOT FAX

Application Type: Check one box only. For New or Provisional Certification, the applicant must attach a resume of relevant experience. For Recertification, the applicant must attach a listing of courses presented since the last certification along with dates, number of students, and locations

☐ **New Certification** ☐ **Provisional Certification** ☐ **Re-Certification**

Applicant Identification Information: Select one Officer type only

Last Name	First Name	Full Middle Name	SSN	IDAC/ORI Number
Department Name		City	Zip Code	Telephone Number

☐ **Full-Time Officer** ☐ **Part-Time Officer** ☐ **Reserve Officer** ☐ **Civilian**

The Social Security Number of the individual is being requested as an exchange of information between public agencies provided for by IC 4-1-6-2. Disclosure is necessary to fulfill a statutory mandate and confidentiality of the Social Security Number will be maintained by the Law Enforcement Training Board as provided by law.

Education: Circle only one Degree. If applicant has both GED and HS, Circle HS. Enter total College hours completed if no Degree was obtained.

GED HS AA/AS BA/BS MASTERS MBA Ph.D.	Major Area	Minor Area		
Name of High School were HS Diploma / GED obtained	City	State	HS or GED	Last Class Year
Name of College or University	City	State	Degree or Hours	Last Class Year

Experience: List current and next most recent relevant work experience. Use comment lines to include other applicable experience.

Present Agency	Address	City	State	Zip	Rank	From: MM-YY to MM-YY
Previous Agency	Address	City	State	Zip	Rank	From: MM-YY to MM-YY
Comments 1:		Comments 2:				
Comments 3:		Comments 4:				

Areas of Certification: Check the appropriate box for the area in which you are requesting to be Certified.

<input type="checkbox"/> Primary Instructor <input type="checkbox"/> Master Instructor Academy Staff Instructor: <input type="checkbox"/> Basic <input type="checkbox"/> Reserve	Psychomotor Skills Instructor: <input type="checkbox"/> Physical Tactics <input type="checkbox"/> Emergency Vehicle Operation <input type="checkbox"/> Firearms	<input type="checkbox"/> Provisional Instructor From: MM-DD-YY To: MM-DD-YY Subject:
--	---	---

- ☐ Applicant has successfully completed a 40-hour (minimum) Instructor Development Course. Attach a copy of the certificate.
- ☐ Applicant has successfully completed a Psychomotor Skills **Instructor** Course. Attach a copy of the certificate.

Affirmation and Recommendation: PLEASE ENTER FULL SIGNATURES. The recommending Official should be either the CEO or the PTC.

I affirm that all the information provided is true and correct to my knowledge and belief.	Applicant Signature	Rank or Title	Date MM-DD-YY
I believe that this applicant has the knowledge, desire, and ability to be an effective instructor and I recommend this applicant to the LETB for certification as an Instructor.	Recommending Official Signature	Rank or Title	Date MM-DD-YY

FOR LETB USE ONLY - Do not write below this line - FOR LETB USE ONLY

☐ **APPROVED** Areas of Certification: _____ Date of Expiration _____ - _____

☐ **DISAPPROVED** Comments: _____

Reviewed by - Signature	Printed Name	Rank or Title	Date MM-DD-YY
-------------------------	--------------	---------------	---------------

Check the form to make sure that EVERY DATA AREA has a response. If a box does not apply, mark it with a diagonal line. Send the completed form to: **Executive Director, Law Enforcement Training Board, P.O. Box 313, Plainfield, IN 46168-0313. TX: (317) 839-5191**